

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Rob Miller for Congress

ADDRESS (number and street)

219 Scott's Street

☐Check if different  
than previously  
reported. (ACC)

Beaufort

SC

29902

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00446559

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

SC

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☒

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

22

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Joan Hitt-Algar

Signature of Treasurer

Electronically Filed by Ms. Joan Hitt-Algar

Date

10

15

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**

(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Rob Miller for Congress

Report Covering the Period:

From:

M M  
0 5D D  
2 2Y Y Y Y  
2 0 0 8

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	31116.17	230374.58
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	31116.17	230374.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	100638.23	285827.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	100638.23	285827.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	54546.76	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	110000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name  
Rob Miller for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	2	2	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	26405.12	215619.53
(i) Itemized (use Schedule A).....	4615.00	14659.00
(ii) Unitemized.....	31020.12	230278.53
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	96.05	96.05
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	31116.17	230374.58
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) All Other Loans.....	10000.00	10000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	110000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	41116.17	340374.58

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	100638.23	285827.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	100638.23	285827.82

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	114068.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	41116.17
25. SUBTOTAL (add Line 23 and Line 24).....	155184.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	100638.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	54546.76

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Robert Algar

Mailing Address 4302 Carter Ct

City

Concord

State

CA

Zip Code

94521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

md

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: C3857182

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Stuart B Andrews

Mailing Address 120 Middlefield Ln

City

Blythewood

State

SC

Zip Code

29016-7852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nelson Mullins Riley & Sc-  
arborough

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: C3872277

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Anderson Berly

Mailing Address 464 Rice Hope Drive

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 8

Transaction ID: C3852195

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Heather Bernikoff

Mailing Address POB 185

City

Catheys Valey

State

CA

Zip Code

95306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Consultant

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	8

Transaction ID: C3852231

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Howard Brilliant

Mailing Address 25 Rebellion Road

City

Charleston

State

SC

Zip Code

29407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parkwood Orthopedic Clinic

Occupation

Orthopedic Surgeon

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Transaction ID: C3853888

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Frances Close

Mailing Address 2430 Terrace Way

City

Columbia

State

SC

Zip Code

29205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Women's Shelter

Occupation

administration

Receipt For: 2008

☐ Primary
 ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

Transaction ID: C3913548

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Joel W. Collins, Jr.

Mailing Address PO Box 12487

City

Columbia

State

SC

Zip Code

29211-2487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Collins & Lacy

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

Transaction ID: C3853312

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

R. Gordon Darby

Mailing Address 1503 Twilight Trl

City

Mt Pleasant

State

SC

Zip Code

29464-3917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Darby Development

Occupation  
Real Estate Developer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: C3852200

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Daniel Denning

Mailing Address 808 St. Paul Street

City

Baltimore

State

MD

Zip Code

21202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Agora Publishing

Occupation  
Editor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: C3928250

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Jack A. Elzroth, Jr.

Mailing Address PO Box 457

City

Hampton

State

SC

Zip Code

29924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peters, Murdaugh, Parker,  
Elzroth & D

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

Transaction ID: C3871003

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Leo and Carol Fishman

Mailing Address 247 Saltgrass Court

City

Kiawah Island

State

SC

Zip Code

29455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

Transaction ID: C3853301

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Susan M. Glenn

Mailing Address 404 Ravenel St

City

Columbia

State

SC

Zip Code

29205-2737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nelson Mullins Riley & Sc-  
arborough

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: C3911726

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Dick A. Harpootlian

Mailing Address 1410 Laurel Street  
PO Box 1090

City State Zip Code  
Columbia SC 29202-1090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: C3927364

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Susan Henderson

Mailing Address PO Box 2500

City State Zip Code  
Ridgeland SC 29936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peters, Murdaugh, Parker,  
Eltzroth & D

Occupation  
Bookkeeper

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

Transaction ID: C3853309

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Gwen Hitt

Mailing Address 15 Gilderview Drive

City State Zip Code  
Simpsonville SC 29681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: C3853890

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Jacqueline C Jameson

Mailing Address P O BOX 83

City

Kerhonkson

State

NY

Zip Code

12401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Freelance editor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 8

Transaction ID: C3852035

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Henry Jolly Jr

Mailing Address 312 Silver Circle

City

Gaffney

State

SC

Zip Code

29340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Dentist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

Transaction ID: C3870789

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

C Kampmann Lasater

Mailing Address 137 Cottage St Apt E2

City

New Haven

State

CT

Zip Code

06511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Higher One Inc

Occupation

Software Architect

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: C3928176

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Ike Kampmann Lasater

Mailing Address 156 Madrone Avenue

City

San Francisco

State

CA

Zip Code

94127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
mediator

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: C3870960

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Ike Kampmann Lasater

Mailing Address 156 Madrone Avenue

City

San Francisco

State

CA

Zip Code

94127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
mediator

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: C3928568

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Lesley Litzenberger

Mailing Address 315 Federal Street

City

Beaufort

State

SC

Zip Code

29902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
artist

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: C3873118

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Ronald A. Maxwell

Mailing Address Post Office Box 3084

City

Aiken

State

SC

Zip Code

29802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maxwell Law Firm

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: C3857082

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Robert Lauransom Miller

Mailing Address 7 Fraser Street

City

Ladys Island

State

SC

Zip Code

29907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Recruit's Depot

Occupation  
Co-Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

207924.53

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: C4036072

Amount of Each Receipt this Period

728.64

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Travel & Lodging

**C.**

Full Name (Last, First, Middle Initial)

Robert Lauransom Miller

Mailing Address 7 Fraser Street

City

Ladys Island

State

SC

Zip Code

29907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Recruit's Depot

Occupation  
Co-Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

207924.53

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 8

Transaction ID: C4036073

Amount of Each Receipt this Period

526.48

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Travel & Lodging

**SUBTOTAL** of Receipts This Page (optional) .....

2255.12

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Francis Mood

Mailing Address 4421 Chicora St.

City

Columbia

State

SC

Zip Code

29206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCANA Corporation

Occupation

Attorney

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	8

Transaction ID: C3871202

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

S. Kirk Morgan, Jr.

Mailing Address Post Office Box 949

City

Lexington

State

SC

Zip Code

29071-0949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walker and Morgan

Occupation

Attorney

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	8

Transaction ID: C3870720

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

S. Kirk Morgan, Jr.

Mailing Address Post Office Box 949

City

Lexington

State

SC

Zip Code

29071-0949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walker and Morgan

Occupation

Attorney

Receipt For: 2008

☐ Primary
 ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: C3927834

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

J. Allen Patterson, IV

Mailing Address 14 Little Capers

City

Beaufort

State

SC

Zip Code

29907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Custom Home Builder

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

Transaction ID: C3871614

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Jim E. Plack

Mailing Address 9001 Edmonston Road  
Suite 100

City

Greenbelt

State

MD

Zip Code

20770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Bank

Occupation

President/CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

Transaction ID: C3852653

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Andrew Prior

Mailing Address 398 Graham Ave

City

Brooklyn

State

NY

Zip Code

11211-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Balber Pickard Maldonado &  
Van Der Tui

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

Transaction ID: C3870718

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Andrew Prior

Mailing Address 398 Graham Ave

City

Brooklyn

State

NY

Zip Code

11211-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Balber Pickard Maldonado &  
Van Der Tui

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: C3927819

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Brad Queener

Mailing Address 4886 Bermuda Way North

City

Myrtle Beach

State

SC

Zip Code

29577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bradley Development

Occupation

Developer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: C3919010

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

George Reese

Mailing Address 9016 Copenhaver Dr.

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Insurance Sales

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: C3872190

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Patricia Reese

Mailing Address 1633 Montague St, NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rippeteau Architects

Occupation

Office Manager

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: C3871617

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

George Reese, III, III

Mailing Address 127 Lake St

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CompDesign

Occupation

Employee Benefit Consulting

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: C3928081

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Terry Richardson

Mailing Address Richardson, Patrick, Westbrook & B  
PO Box 1368

City

Barnwell

State

SC

Zip Code

29812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richardson Patrick Westbr-  
ook & Brickma

Occupation

Trial Lawyer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: C3927365

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

David Rivers

Mailing Address 220 3rd Ave  
Apt 2B

City State Zip Code  
Charleston SC 29403-3552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MUSC

Occupation  
Administrator

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: C3853881

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Lisa Sanders

Mailing Address 184 East Rock Road

City State Zip Code  
New Haven CT 06511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waterbury Hospital

Occupation  
physician

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: C3870975

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Mark C Tanenbaum

Mailing Address 406 Station 12th Street

City State Zip Code  
Sullivans Island SC 29482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Law Offices of Mark Tanen-  
baum

Occupation  
lawyer

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: C3848722

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Samuel Tenenbaum

Mailing Address 353 Blue Heron Court

City

Lexington

State

SC

Zip Code

29072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: C3848708

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

John Thompson

Mailing Address 57 East Bay Street

City

Charleston

State

SC

Zip Code

29401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

writer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: C3853430

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

John Vournakis

Mailing Address 23 Lowndes Point Dr.

City

Charleston

State

SC

Zip Code

29403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MPT

Occupation

Vice President, Research

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 8

Transaction ID: C3852197

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Daniel W Williams

Mailing Address PO Box 90

City

Barnwell

State

SC

Zip Code

29812-0616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	0	8

Transaction ID: C3913671

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Steve Wukela, Jr

Mailing Address PO Box 13057

City

Florence

State

SC

Zip Code

29504-3057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wukela Law FirmOccupation  
Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	8

Transaction ID: C3927366

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3300.00

TOTAL This Period (last page this line number only) .....

26405.12

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 41

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

96.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	8	

Transaction ID: C3943503

Amount of Each Receipt this Period

96.05

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

96.05

TOTAL This Period (last page this line number only) .....

96.05

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☒ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)

Robert Lauransom Miller

Mailing Address 7 Fraser Street

City

Ladys Island

State

SC

Zip Code

29907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Recruit's Depot

Occupation  
Co-Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

207924.53

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: C3933854

Amount of Each Receipt this Period

10000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

10000.00

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

**A.** Full Name (Last, First, Middle Initial)  
Beaufort Performing Arts Center

Mailing Address 801 Carteret Street

City Beaufort State SC Zip Code 29902

Purpose of Disbursement  
Event space rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D198474

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Bill's Liquor Store

Mailing Address 132 Sea Island Pkwy

City Beaufort State SC Zip Code 29907

Purpose of Disbursement  
Beverages for event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D198476

Date of Disbursement

/   /

Amount of Each Disbursement this Period

99.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Carey Campbell

Mailing Address 3900 Bentley Court, #218

City Columbia State SC Zip Code 29218

Purpose of Disbursement  
Grass Roots Organizing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D189227

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1249.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)  
Carey Campbell

Mailing Address 3900 Bentley Court, #218

City State Zip Code  
Columbia SC 29218

Purpose of Disbursement  
Grass Roots Organizing  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D168485  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Carey Campbell

Mailing Address 3900 Bentley Court, #218

City State Zip Code  
Columbia SC 29218

Purpose of Disbursement  
Travel & Expenses Reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D168486  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Carey Campbell

Mailing Address 3900 Bentley Court, #218

City State Zip Code  
Columbia SC 29218

Purpose of Disbursement  
Travel Reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D189220  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**3513.86**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Shirl Cave

Mailing Address P.O. Box 625

City Allendale State SC Zip Code 29810

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D168490

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Roger Cleckly

Mailing Address 1528 Gordon Drive

City Rowesville State SC Zip Code 29133

Purpose of Disbursement  
door-to-door get out the vote

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D175714

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Daybreak Consultant Services

Mailing Address 2415 Pinehurst Road

City Columbia State SC Zip Code 29204

Purpose of Disbursement  
door-to-door get out the vote and driving voters to the polls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D175716

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3925.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)  
EMBARQ

Mailing Address PO Box 96064

City State Zip Code  
Charlotte NC 28296

Purpose of Disbursement  
Phone and Internet

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D168494

Date of Disbursement

/   /

Amount of Each Disbursement this Period

234.58

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Tiffany Holmes

Mailing Address P.O. Box 907

City State Zip Code  
Ridgeland SC 29936

Purpose of Disbursement  
door-to-door get out the vote

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D175713

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Jabez, LLC

Mailing Address PO Box 77

City State Zip Code  
Orangeburg SC 29116

Purpose of Disbursement  
Door-to-door get out the vote

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D189221

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2734.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Jabezz, LLC

Mailing Address PO Box 77

City State Zip Code  
Orangeburg SC 29116

Purpose of Disbursement  
Door-to-door get out the vote

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D168488

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
LUC Media

Mailing Address 25 Whitlock Place

City State Zip Code  
Marietta GA 30064

Purpose of Disbursement  
Media Time

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D168415

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Manse Management Company

Mailing Address PO Box 6300

City State Zip Code  
Beaufort SC 29901

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D168239

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

38500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)  
McIntosh Consulting, LLC

Mailing Address 1803 Bowens Island Road

City Charleston State SC Zip Code 29412

Purpose of Disbursement  
Campaign Management Consulting Fee  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D168491  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
McIntosh Consulting, LLC

Mailing Address 1803 Bowens Island Road

City Charleston State SC Zip Code 29412

Purpose of Disbursement  
Web Page Fee  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D168492  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Metrotec

Mailing Address 411 Meeting Street  
Suite 1305

City Charleston State SC Zip Code 29403

Purpose of Disbursement  
Get out the Vote Phone Calls  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D189215  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Metrotec

Mailing Address 411 Meeting Street  
Suite 1305

City Charleston State SC Zip Code 29403

Purpose of Disbursement  
Get out the Vote Phone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D189216

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

130.87

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City Ladys Island State SC Zip Code 29907

Purpose of Disbursement  
Travel & Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D202388

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

728.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

\* in-kind received

**C.**

Full Name (Last, First, Middle Initial)  
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City Ladys Island State SC Zip Code 29907

Purpose of Disbursement  
Travel & Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D202389

Date of Disbursement

06 / 29 / 2008

Amount of Each Disbursement this Period

526.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

\* in-kind received

**SUBTOTAL** of Disbursements This Page (optional) .....

1385.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

**A.**

Full Name (Last, First, Middle Initial)  
James Moore

Mailing Address PO Box 65

City Hampton State SC Zip Code 29924

Purpose of Disbursement  
Door-to-door get out the vote

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D189213

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
James Moore

Mailing Address PO Box 65

City Hampton State SC Zip Code 29924

Purpose of Disbursement  
Door-to-door get out the vote

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D189218

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Publix

Mailing Address 163 Sea Island Pkwy

City Beaufort State SC Zip Code 29907

Purpose of Disbursement  
Food for event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D198475

Date of Disbursement

/   /

Amount of Each Disbursement this Period

84.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1084.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Bertie Riley Mailing Address 1003 Kress Road	<b>Transaction ID:</b> D189217 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 0 8</div> </div>
City Yemassee State SC Zip Code 29945 Purpose of Disbursement door-to-door get out the vote Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) SC Bank & Trust Mailing Address PO Box 1287 City Orangeburg State SC Zip Code 29116 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D189197 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>99.02</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) SC Bank & Trust Mailing Address PO Box 1287 City Orangeburg State SC Zip Code 29116 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D189198 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>0.17</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**599.19**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) SC Bank & Trust	<b>Transaction ID:</b> D189199 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1287	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	2		2	0	0	8												
City Orangeburg State SC Zip Code 29116	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Fee	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>12.25</td> </tr> </table>																				12.25
									12.25												
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SC Bank & Trust	<b>Transaction ID:</b> D189200 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1287	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	2		2	0	0	8												
City Orangeburg State SC Zip Code 29116	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Fee	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>99.94</td> </tr> </table>																				99.94
									99.94												
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SC Bank & Trust	<b>Transaction ID:</b> D189201 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1287	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	2		2	0	0	8												
City Orangeburg State SC Zip Code 29116	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Fee	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>178.31</td> </tr> </table>																				178.31
									178.31												
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

290.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) SC Bank & Trust	<b>Transaction ID:</b> D189203 <b>Date of Disbursement</b>
Mailing Address PO Box 1287	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 8</div> </div>
City Orangeburg State SC Zip Code 29116	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Fee	<div> <div>15.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SC Bank & Trust	<b>Transaction ID:</b> D198467 <b>Date of Disbursement</b>
Mailing Address PO Box 1287	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 8</div> </div>
City Orangeburg State SC Zip Code 29116	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Fee	<div> <div>13.30</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SC Bank & Trust	<b>Transaction ID:</b> D198468 <b>Date of Disbursement</b>
Mailing Address PO Box 1287	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 8</div> </div>
City Orangeburg State SC Zip Code 29116	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Fee	<div> <div>17.38</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**45.68**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) SC Bank &amp; Trust</p> <p>Mailing Address PO Box 1287</p> <p>City Orangeburg State SC Zip Code 29116</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D198469</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>67.38</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SC Bank &amp; Trust</p> <p>Mailing Address PO Box 1287</p> <p>City Orangeburg State SC Zip Code 29116</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D198470</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>69.07</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SCE&amp;G</p> <p>Mailing Address Box 1168 108 Robert Smalls Pkwy</p> <p>City Beaufort State SC Zip Code 29901</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D168493</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>29.10</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**165.55**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

**A.** Full Name (Last, First, Middle Initial)  
South Carolina Black Media Group Inc.

Mailing Address 1310 Harden Street

City State Zip Code  
Columbia SC 29204

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D168484

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1162.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 11 Robert Smalls Pkwy

City State Zip Code  
Beaufort SC 29906

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D189206

Date of Disbursement

/   /

Amount of Each Disbursement this Period

65.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Strategic Business & Politics, LLC

Mailing Address 1300 Longcreek Dr. Apt. 825

City State Zip Code  
Columbia SC 29210

Purpose of Disbursement  
door-to-door get out the vote and driving voters to the polls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D168487

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1800.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3027.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) The People Sentinel Mailing Address 9988 Dunbarton Blvd	<b>Transaction ID:</b> D168489 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 8</div> </div>
City State Zip Code Barnwell SC 29812 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>848.03</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) The Strategy Group Mailing Address 1606 20th Street NW Floor 3 City State Zip Code Washington DC 20009 Purpose of Disbursement Media Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D189211 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>12220.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) The Strategy Group Mailing Address 1606 20th Street NW Floor 3 City State Zip Code Washington DC 20009 Purpose of Disbursement Media Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D189219 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>5000.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**18068.03**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) US Postmaster	<b>Transaction ID:</b> D168474 <b>Date of Disbursement</b>
Mailing Address 2001 Dixiana Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div>
City Columbia State SC Zip Code 29201	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Postage	<div> <div>11602.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) US Postmaster	<b>Transaction ID:</b> D175717 <b>Date of Disbursement</b>
Mailing Address 2001 Dixiana Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Columbia State SC Zip Code 29201	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Postage	<div> <div>4326.08</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Water's Edge	<b>Transaction ID:</b> D189225 <b>Date of Disbursement</b>
Mailing Address 1407 Shrimp Boat Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 8</div> </div>
City Mount Pleasant State SC Zip Code 29464	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Catering Costs	<div> <div>1032.20</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**16960.28**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)

Thomas L Williams

Mailing Address 2686 Hwy 278

City  
Barnwell

State  
SC

Zip Code  
29812

Purpose of Disbursement  
door-to-door get out the vote

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D175712

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

100638.23

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Rob Miller for Congress

Transaction ID: L433

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert Lauransom Miller, PERS FUNDS - [PERSON-  
AL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Original Amount of Loan

60000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 0 8

12/31/2020

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)  
Robert Lauransom MillerName of Employer  
The Recruit's DepotMailing Address  
7 Fraser StreetOccupation  
Co-Owner

City Ladys Island State SC ZIP Code 29907

Amount  
Guaranteed  
Outstanding:

60000.00

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

60000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Rob Miller for Congress

Transaction ID: L474

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert Lauransom Miller, PERS FUNDS - [PERSON-  
AL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
2 1Y Y Y Y  
2 0 0 8

05/21/2020

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

40000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13bNAME OF COMMITTEE (In Full)  
Rob Miller for Congress

Transaction ID: L505

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert Lauransom Miller, PERS FUNDS - [PERSON-  
AL FUNDS]

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 8

12/31/2015

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

110000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



Image# 28992565466

Form/Schedule: **F3A**

Additional Bank fees and Gifts in Kind from candidate that came in after filing.

Transaction ID:

\*\*\*\*\*